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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	210121.484C5
First Inventor	Jiangchun Xu
Title	COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF OVARIAN CANCER
Express Mail Label No.	EL755714120US

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 116] (preferred arrangement set forth below)	a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention	b. <input checked="" type="checkbox"/> Specification Sequence Listing on:
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input checked="" type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	ACCOMPANYING APPLICATION PARTS
- Brief Summary of the Invention	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
- Brief Description of the Drawings (if filed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
- Detailed Description	11. <input type="checkbox"/> English Translation Document (if applicable)
- Claim(s)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
- Abstract of the Disclosure	13. <input type="checkbox"/> Preliminary Amendment
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized
5. Oath or Declaration [Total Sheets]	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
a. <input type="checkbox"/> Newly executed (original or copy)	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. Applicant must attach form 122(b)(2)(B)(i). PTO/SB/35 or its equivalent.
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	17. <input type="checkbox"/> Other: _____
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of prior application No. 09/713,550	
Prior application information Examiner not assigned Group Art Unit: not assigned	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Correspondence address below		or:	
Principal Attorney Name	Jane E. R. Potter		
Address			
City, State, Zip			
Country			
Telephone	Fax		
Name (Print/Type)	James M. Verna, Ph.D.	Registration No. (Attorney/Agent)	33,287
Signature		Date	4/3/01

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.